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PTO/SB/21 (6-98)
Approved for use through 09/30/2000. OMB 0651-0031
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/690,574
	Filing Date	10/17/2000
	First Named Inventor	Daily
	Group Art Unit	
	Examiner Name	
Total Number of Pages in This Submission		Attorney Docket Number HRL048

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Cary Tope-McKay
Signature	
Date	09/05/2003

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FEE TRANSMITTAL for FY 2001

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TOTAL AMOUNT OF PAYMENT (\$ 180.00

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Application Number	09/690,574
Filing Date	10/17/2000
First Named Inventor	Daily
Examiner Name	
Group Art Unit	
Attorney Docket No.	HRL048

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FEE CALCULATION			
1. BASIC FILING FEE			
Large Entity Small Entity Fee Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)			
101 710 201 355 Utility filing fee			
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Total Claims <input type="text"/> -20** = <input type="text"/> X Fee from below <input type="text"/> Fee Paid <input type="text"/> Independent Claims <input type="text"/> -3** = <input type="text"/> X <input type="text"/> <input type="text"/> Multiple Dependent <input type="text"/> <input type="text"/>			
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103 18 203 9 Claims in excess of 20			
102 80 202 40 Independent claims in excess of 3			
104 270 204 135 Multiple dependent claim, if not paid			
109 80 209 40 ** Reissue independent claims over original patent			
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Cary Tope-McKay	Registration No. (Attorney/Agent)	41,350
Signature		Telephone	(310) 291-0390
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